

**REQUEST FOR CCFC SCHOOL READINESS (SR) PROGRAM FUNDS
AND CASH MATCH CERTIFICATION**

COUNTY: _____

DATE: _____

SR PROGRAM: _____

CONTROL#: _____

(To be completed by CCFC staff)

***NOTE:** Please complete one of these forms for each approved School Readiness Program in your county for which you are requesting FY 04/05 CCFC SR funds. Each First 5 County Commission must also complete an annual expenditure report form for each approved SR program.*

I. SCHOOL READINESS PROGRAM FUND REQUEST FOR FY 04/05:

Amount of Second Disbursement Requested for FY 04/05 (SR Form 1A, Row F): \$_____

NOTE: Any request to use CCFC SR Unspent Funds must be accompanied by a SR Budget Narrative and justification (SR Form 1-E).

II. CASH MATCH CERTIFICATION:

- CCFC SR Match Funds expended in FY 3/04 (See SR Form 2A, Column B):
\$_____
- I certify that \$_____ total matching funds (County and local partners-- cash only) were expended on the School Readiness Program during FY 03/04.

SIGNATURE OF FIRST 5 COUNTY COMMISSION CHAIR OR EXECUTIVE DIRECTOR

PRINT NAME AND TITLE

DATE

CCFC USE ONLY:

APPROVED BY (CCFC)

DATE

DISBURSED BY (CCFC)

DATE